

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576 391

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		0		1		
15		0		1		
16		0		1		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		0		0		
22		0		0		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	25	←	68	←		←
TOTAL CLAIMS	27		70			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						